

INSTITUTE FOR TEACHERS
OF THE BLIND

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INSTITUTE FOR TEACHERS OF THE BLIND

(By LUCIA O. WOOLSTON.)

The teachers of the Illinois School for the Blind availed themselves of the benefits of a course of instruction held in their school in Jacksonville through the month of June. The lecturers were: Dr. Frieda Kiefer Merry, Miss Kathryn E. Maxfield, and Dr. Berthold Löwenfeld.

Dr. Merry is Director of the American Foundation Experimental School of Perkins Institute for the Blind, Watertown, Massachusetts. Miss Maxfield is Supervisor of the Department of Educational Research of the American Foundation for the Blind. Dr. Löwenfeld is one of the faculty of the Israelitisches Blinden-Institut of Vienna, Austria. He has been spending the past year in the United States as a Rockefeller Social Science Research Fellow, studying educational and psychological work for the blind in this country.

Dr. Merry's course was on "Methods in Education for the Blind and the Psychological Problems Involved"; Miss Maxwell's, "The Psychology of the Blind," and Dr. Löwenfeld's, "Modern Education as Developed in the Schools of Austria."

The American Foundation for the Blind is a national agency to which workers for the blind may turn for help in the solution of problems which they meet in their varying lines of work. Its purpose is to serve the blind and the worker for the blind. With one of the activities of the foundation we are especially concerned, that of the Department of Education and Research. This department keeps us in touch with the most advanced thought concerning educational work for the blind. The Experimental School at Perkins is sponsored by this department of the foundation, and the Perkins Institution for the Blind, at Watertown, Massachusetts, the lower school of that institution being used as an experimental and demonstration school.

Research work is being used in every department of life and labor. The search for new truths, for better ways of doing things, the evaluation of the degrees of skill to be expected from various methods, all mark the trend of effort in this century. Research in education was started thirty years ago, when the first experimental work in psychology and education was done. What should be taught, how and when should it be taught, and how should we measure the success attained under various methods of teaching? With the development of research in general education, comes the recognition of its function and value in the education of the blind.

Research in this special field of education is best exemplified in the Experimental School at Perkins where more effective methods of teaching are being worked out. This school was established for the improvement of all the schools for the blind in this country. It is not bound to the use of any one method. It is the desire, rather, to use any methods that are practicable, and have been proved so

by scientific procedure. It is hoped that the department of special studies in the Experimental School will be able to help those educators of the blind, who desire to put the work of their schools on a more scientific basis.

In the lectures some of the educational problems of the elementary school were given special attention, such as the work of braille reading; whether to use full spelling or contractions in beginning reading; methods of teaching braille writing; the use of the slate versus the braille-writer, in teaching beginning writing; what to teach in arithmetic; the place of nature study and object teaching; clay modelling as a means of developing observation and enriching the blind child's concepts of common objects. The value of educational exhibits and museum work in our classes were emphasized in the most stimulating way.

In the promotion of good citizenship, one valuable suggestion was the use of the problem conference method in schools for the blind. This method is definite in its technique, which involves group discussion in the class room of behavior problems common to the experience of all children. Under this method, a simple story of a situation involving social conduct is told the children. Free discussion of the situation is encouraged. The teacher acts as guide, but does not express her opinion upon the problem. In this way each child is stimulated to do his own thinking, to formulate his own decision, and to express his conclusion in terms of his own social attitudes, instead of accepting ready-made adult standards of conduct.

The rise and progress of the fine educational system of Austria was brought very clearly to our minds by a discussion of the efficient teaching methods in the elementary schools of that country. The project method in school work brings rich returns in growth through the self-activity of the child. One lecture was a detailed account of a school project, which began with a trip from the Vienna School for the Blind to the Danube river. The trolley, the bridge, a fisherman and his catch, the motor boat used for re-crossing the river, and the experiences of the day were material for the work of the school for two weeks in conversation, in clay modelling, in numbers (measurements of the bridge and the calculation of expenses) and in other activities.

Writers on the blind in this country and in Europe, both experimental and non-experimental in their work, were studied with keen appreciation and application to our methods. The following points were brought to our attention: What should be done with the blind feeble-minded child? Should the child with severe visual handicap, not blind, be in the school for the blind? What is the relation of the higher education of the blind to the vocational education? The value of mental and educational tests, and the adaptation of such tests for use with blind pupils; the care and treatment of the pre-school blind child; the diagnosis and treatment of problem children and the relation of personality problems to physical defects.

We were brought in touch with the White House conference on Child Health and Protection. The interest and importance of this conference to us can hardly be over-emphasized. One of the nineteen points to which the conference pledged itself gives some hint of its spirit and purpose, and is one with which we are directly concerned. It is this: For every child who is physically handicapped, measures to discover and diagnose his handicap, provide care for him, and train him so that he may become an asset to society rather than a liability.

The serious co-operation of the teachers was evident throughout this whole course. In the discussion which followed each lecture, a spirit of lively interest was very marked. The morning sessions from nine to twelve were

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OCCUPATIONAL THERAPY

(By MRS. ADELE KEISTER, *Chief Occupational Therapist,
Kankakee State Hospital.*)

There is nothing new in occupational therapy excepting the name. Although for over a century it has been used in the treatment of mental disorders, it was not until 1910 that an attempt was made to differentiate special types of occupations to special conditions. Since that time great progress has been made and we now have a more exact knowledge of this form of therapy.

The World war did much to stimulate interest in occupational therapy as applied to orthopedic cases. While this interest has not been extensively carried into civil life, yet wonderful work is being done in children's hospitals. There we find numbers of physically handicapped children happily busy and interested in spite of their suffering, as in the Jessie Spaulding school at Chicago and the Crippled Children's hospital at St. Louis. In the handicapped shops and rehabilitation clinics associated with industrial injury service, the introduction of occupational therapy has shortened the time required for treatment by twenty per cent.

"Occupational therapy for the tubercular has reached a greater degree of exactness in application than in any other group," says Dr. Anthony B. Day, clinical instructor at Washington University School of Medicine. "It is in this group that the strength of a patient, even though in a weakened condition, may be reliably tested."

Dr. Day studied abroad and spent some time at the Tubercular sanitarium in Lausanne, Switzerland. His illustrated lecture which I heard last month showed great groups of children and adults at play outdoors, wearing only loin cloths, although the ground was covered with snow.

It also showed many at work indoors in various occupational therapy classes. The animated, happy expressions on all the faces, even though some of the tasks were hard, was a contrast to those in the wards of sick and injured persons brooding or repining indoors.

Occupational therapy is applied more extensively in dealing with mental patients than in any other group. Owing to the complete character changes of many patients in this group we are confronted with difficult problems in applying the proper treatment. It has been called many names—work cure, moral treatment, diversional therapy, etc. Some of these are very misleading because they place undue stress upon a single phase of a broad range of treatment. The term "Occupational Therapy" is in most general use.

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HEMOPHILIA

After baffling medical science for centuries, hemophilia, commonly known as "bleeders" disease, has yielded to treatment in the Research and Educational hospital at Chicago, conducted jointly by the Department of Public Welfare and the University of Illinois.

The following short account of the experiments being conducted at the Research hospital is by Dr. Carroll C. Birch, College of Medicine, University of Illinois:

Hemophilia or "bleeder's" disease is a rare disease of the blood. Persons suffering from this disease are subject to frequent and excessive hemorrhage. This hemorrhage may be spontaneous from any part of the body, nose, stomach, kidneys, intestines, under the skin, into the muscles and very commonly into the joints. These persons also bleed excessively from very slight injury. There are many instances on record where hemophiliacs have bled to death from a cut finger, or from biting the tongue or lip. Many deaths have occurred from the extraction of a tooth.

Hemophilia can be diagnosed by an examination of the blood. In normal individuals the blood clots in about ten minutes (by Howell's method). Hemophiliac blood requires a long time to clot, sometimes as long as five or ten hours. In blood there are three kinds of bodies, red blood cells, white blood cells and blood platelets. Normal blood platelets are very fragile; they disintegrate almost as soon as the blood is drawn. Hemophiliac blood platelets are very resistant; they remain whole in drawn blood for hours. That is why the clotting time is so long, for when these little platelets break up they initiate the clotting of the blood.

This disease is a very old one. It is definitely referred to in the Talmud, the ancient holy book of the Hebrews, two hundred years before Christ. The little ill-fated royal child, the Czarovitch Alexis of Russia, was a high grade hemophiliac.

Hemophilia exists only in males and is transmitted through the females. Although the female may transmit the disease to her sons, she shows no manifestation of the disease. In other words, a hemophiliac's own children are normal, but his grandsons by his daughters may have hemophilia. This disease is the most hereditary of all hereditary diseases. It has been passed on from father through his daughters to his grandsons for as many as ten generations.

As the female transmits the disease to her sons she must potentially have the disease even though she shows no

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Kankakee State Hospital, Kankakee.....	Roy O. Hawthorne, M.D.
Jacksonville State Hospital, Jacksonville.....	C. St. Clair Drake, M.D.
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The Illinois Soldiers' Orphans' Home, Normal.....	Ralph Spafford
The Illinois Eye and Ear Infirmary, Chicago.....	James L. Smith, M.D.
The St. Charles School for Boys, St. Charles.....	Otto A. Elliott
The State Training School for Girls, Geneva.....	Mrs. Lucy D. Ball
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Illinois State Farm, Vandalia.....	Charles J. Metzger
State Reformatory for Women, Dwight.....	Helen H. Hazard

HEMOPHILIA

(Continued from Page 1, Column 2)

manifestation of it. In other words, there must be something in the female organism which holds the disease in abeyance.

The greatest difference between males and females is the sex organs. Working on this hypothesis we treated two high-grade hemophiliacs with ovarian therapy. Dr. H. B. Thomas first suggested an ovarian transplant. These two patients were placed on ovarian therapy and when the clotting time became normal Dr. Thomas performed an ovarian transplant on one of them. At the time of the operation he did not bleed any more than a normal individual and made an uneventful recovery. After the operation he remained symptom free with normal blood findings for five and one-half months or until the ovarian transplant was absorbed. At that time his clotting time increased and he began to have spontaneous hemorrhages. He was again placed on ovarian therapy to which he responded as before. The other boy was kept on ovarian therapy for eight months and remained normal during the entire time.

At the present time we have twenty-two hemophiliacs under our care. All of those who have been treated have shown a decided improvement. Some have responded more quickly and more completely than others but all have been benefited. This work is still in an experimental stage and much remains to be done.

MOVEMENT OF POPULATION

The following table shows the population of all of the State institutions in the Department of Public Welfare on August 1, 1931, and comparison with August 1, 1930:

Institution.	Inmates and pupils present.			
	This date.	Year ago.	Increase.	Decrease.
Elgin State Hospital.....	3,625	3,476	149	
Kankakee State Hospital.....	3,504	3,929		425
Jacksonville State Hospital.....	3,199	3,150	49	
Anna State Hospital.....	1,929	1,908	21	
East Moline State Hospital.....	1,820	1,780	40	
Peoria State Hospital.....	2,609	2,682		73
Chester State Hospital.....	432	412	20	
Chicago State Hospital.....	3,754	3,510	244	
Alton State Hospital.....	1,421	1,419	2	
Manteno State Hospital.....	832		832	
Total Hospital Group.....	23,125	22,266	859	
Dixon State Hospital.....	475	500		25
Lincoln State School and Colony.....	553	521	32	
Illinois School for the Deaf.....	1,882	1,756	126	
Illinois School for the Blind.....	2,841	2,635	206	
Industrial Home for the Blind.....	92	86	6	
Illinois Soldiers' and Sailors' Home.....	571	481	90	
Soldiers' Widows' Home of Illinois.....	98	96	2	
Illinois Soldiers' and Sailors' Children's Home.....	658	654	4	
Illinois Eye and Ear Infirmary.....	145	104	41	
Research and Educational Hospital.....	197	171	26	
St. Charles School for Boys.....	745	810		65
State Training School for Girls.....	530	524	6	
Illinois State Penitentiary.....	4,535	4,147	388	
Southern Illinois Penitentiary.....	2,250	2,120	130	
Illinois Women's Prison.....	124	130		6
State Reformatory for Women.....	67		67	
Illinois State Reformatory.....	2,518	2,162	356	
State Farm for Misdemeanants.....	637	468	169	
Grand total.....	42,043	39,631	2,412	

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(Continued from Page 2, Column 2)

formal lectures by the instructors. In the afternoons and evenings, much time was devoted to conferences attended by groups of teachers in quest of help. At these very informal sessions the instructors were most generous in giving opportunity for personal application of their experience to the problems which have arisen in the various departments in our school.

At the close of this course of study comes the feeling that we have a better understanding of the problems peculiar to the blind, and have been brought nearer to their possible solution. We have been encouraged to make use of original ideas and to develop the same. We have been shown new and improved ways of teaching various subjects, and the use of material new to schools for the blind. In the opinion of all who heard these lectures, lasting good has come to the Illinois School for the Blind through this course of study.

APPOINTMENTS

Superintendent of Prisons, Frank D. Whipp, has announced the appointment of Oren Coleman and Edward M. Stubblefield, two former sheriffs with outstanding records for personal courage and fearless enforcement of the law, as first and second assistant wardens, respectively, at Joliet penitentiary.

Mr. Coleman, as Warden Hill's first assistant, will have charge of the penitentiary plant, the dormitory and farm located at Stateville. In the absence of the warden from the State, or in case of his disability or injury, Mr. Coleman will become the acting warden of both Stateville and the old prison on the outskirts of Joliet.

Mr. Stubblefield, whose home is Carlinville, will, under the direction of Warden Hill, have charge of the old penitentiary. If both Warden Hill and Mr. Coleman should be absent from the State, or incapacitated at the same time, he will have charge of both the old and new prisons.

tions equally necessary. Other things being equal, the therapist's personality is even more important than training; and while, of course, the best type of occupational therapists possess both personality and technical training, it cannot be too strongly emphasized that no therapist can reach the highest level of success without a genuine sympathetic, humanitarian attitude toward the work of relieving the mentally sick.

No poorly adjusted person should deal with mental patients in any capacity. This applies to not only occupational therapists and occupational therapy aides, but to nurses, physicians and psychiatrists as well. We cannot expect persons who have failed to settle their own personal problems in a fairly satisfactory manner to be of any great assistance to mental patients who primarily represent an extreme degree of maladjustment to personal difficulties. It is impossible to teach others that which we have not ourselves learned. This fact is demonstrated and proven by the success one occupational therapist will obtain with a patient after another therapist has failed.

Occupational therapy in mental hospitals is a humanizing process. It is a reconstructive process. It is a useful means of developing desirable mental attributes and eliminating undesirable ones. It is of importance that occupational therapists think of their work in terms of personality reconstruction, and not in terms of merely successful craftwork. Success in occupational therapy should not be measured too much in terms of recovered patients. While restoration is our constant desire and goal, the majority of mental patients continue to live in hospitals. To bring about a degree of improvement in the condition of these patients is just as important a measure of success in occupational therapy as is the number of patients recovered and discharged. Occupational therapy is not a failure if a patient does not recover. Failure to attain the impossible is no cause for discouragement. Even if a patient must remain in a mental hospital throughout his life, occupational therapy has a role to play in increasing that patient's capacity for useful activity. When we consider that over fifty per cent of our patients are classified as dementia praecox, and that they form the large army of workers, without which no State hospital could function, we realize that anything that tends to increase useful activity, helps the patient to assume a useful place, however small, in the hospital organization.

An occupational therapist should have technical training, personality, teaching sense, understanding of particular needs, a sincere interest in the patient, and an optimistic, cheerful outlook and manner. But above all, is needed an everlasting, never failing supply of patience.

Summarizing, the field of usefulness of occupational therapy, especially in mental cases, is increasing the patient's happiness, assisting in the problem of his management, building up his power of concentration and will, preparing him for usefulness after discharge, and increasing his permanent economic value.

PRESCRIPTION WRITING

Realizing that the chief aim of occupational therapy is therapeutic and that great harm can be done by giving certain classes of patients work that would overtax their strength, Dr. C. H. Anderson, managing officer of the East Moline State hospital, has organized a class, consisting of the members of the hospital staff and internes, for the purpose of studying the different forms of occupational therapy—diversional, curative and prevocational, the needs of particular patients, and the proper prescriptions to be followed in the treatment.

PROBATION—PROPOSED LEGISLATION

(By MAUDE G. PALMER, *State Probation Officer.*)

The plans and purposes back of the proposed probation legislation emanating from the Department of Public Welfare and expressing the views of numerous circuit and county judges, probation officers, and members of the Governor's Commission on Child Welfare, considered not only the humane and moral advantages to the individual, but also the great financial saving to the State, which means a saving to the taxpayer.

Bills which passed the Senate and were brought out of committee in the House certainly had merit. True, the amended juvenile court bill had been greatly shorn of its powers by the Senate and had been made permissive, instead of mandatory. The adult bill, however, went through in its original form and reached third reading in the House in the closing hours of the session.

With the juvenile court bill we hoped to help those counties whose needs were great, but whose resources were inadequate to make full time probation service possible. We wanted to see a good juvenile probation officer in every county in the State, the bill providing that two or more counties having a combined population of 75,000 might employ one officer to do all the work. The State was to reimburse the counties up to 50 per cent of the total cost of salary and expenses.

By the employment of more probation officers with certain qualifications, experience and training, we expected to keep more children in their homes, or foster homes, in school, out of trouble, and give them a chance to become normal citizens outside of reformatory walls. We expected to make it possible for many county judges to be relieved, to a certain extent, of many of their perplexing problems relating to juvenile court work. We expected to materially reduce the financial burden of the taxpayer because he is helping to pay the sums of \$597.06 and \$501.61, respectively, at St. Charles and Geneva for the per capita cost per year of incarceration for boys and girls. Probation averages about \$30 per capita per year. The average cost of this reformatory group is \$549 per capita per year which is eighteen times the cost of probation. Do you think it is worth while to spend \$1 to try and save \$18? Do you think it is worth while to build up a probation service which will cut down the penal population?

By placing one adult probation officer in each of the 18 judicial circuits of the State with the same form of State aid we hoped to assist the circuit judges in the handling of certain types of criminals; with the older erring boy; the man or woman who makes the first misstep, and in the same way cut down the penal population which is costing the taxpayer about \$275 per year, per capita, or about nine times the cost of probation.

The bills were not retroactive so did not affect any one now holding office. The new officers were to be appointed by the circuit judges from an eligible list set up in the office of the Department and were to be under their direct control, with the Department having a general supervision.

NEW LAWS AFFECTING CHILDREN

By the terms of a new law which went into effect July 1, hereafter the certificate of adoption of an illegitimate child will not carry any reference to its birth and may be used for all purposes except inheritance through natural parents.

Another law removes the jurisdiction over dependent and delinquent children from city and municipal courts, thus leaving the jurisdiction of all juvenile cases with the county and circuit courts. Jurisdiction over paroled children is also removed from the Board of Pardons and Paroles.

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